Greater Manchester Integrated Care Partnership Strategy

Improving health and care in Greater Manchester 2023-2028

Foreword

To be drafted by Mayor Paul Dennett and Sir Richard Leese

1. Executive Summary

To follow

2. Introduction

The way in which health and care services are organised in every part of England changed on 1 July 2022, as new national legislation came into force. Greater Manchester is now an Integrated Care System – a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in Greater Manchester.

There is a requirement for all ICSs to develop a strategy. NHS organisations and local authorities must then have regard to this strategy when making decisions about the use of health and care resources.

This document is Greater Manchester's Integrated Care Strategy. It sets out how we intend to work to address the health needs of the 2.8m residents of Greater Manchester. It focuses on the health and care contribution to enabling everyone to live a good life through improved wellbeing.

In Greater Manchester we had a strategy for health and care, called "Taking Charge"[1] which was developed in 2015, following the devolution of funding for health and social care from Government to Greater Manchester. This was intended to cover the first five years of devolution and so now, in 2022, it is time for this to be refreshed and updated. This strategy is the successor to "Taking Charge".

This strategy builds on the work undertaken across Greater Manchester through Taking Charge, sustaining and extending examples of progress whilst acknowledging and addressing evident challenges.

It recognises and responds to today's context of an extended period of austerity affecting public services, the aftermath of a global pandemic and the pressures associated with the cost of living crisis on families, businesses, charities and public services. Those stresses have shown the impact of deprivation on health outcomes for our citizens compounded by a multitude of wider inequalities. This is a challenge for the whole of Greater Manchester and reinforces the ongoing need for a broad public service reform agenda, linked to a demanding environmental agenda and the building of a more inclusive economy, and in both, integrated health and care has a significant role to play.

2. Context

About Greater Manchester

Greater Manchester is one of the country's most successful city-regions. Our vision is to make Greater Manchester one of the best places in the world to grow up, get on and grow old. We're getting there through a combination of economic growth, and the reform of public services.

Greater Manchester is home to more than 2.8 million people and with an economy bigger than that of Wales or Northern Ireland. Greater Manchester's population in the 2021 Census is estimated to be

[1] taking-charge-of-our-health-and-social-care-plan.pdf (greatermanchester-ca.gov.uk)

2,867,800. This is an increase of 185,272 on the 2011 Census final estimate and represents a growth of 6.9% in the ten years, higher than the growth across England and Wales (6.3%) over the same period. All Greater Manchester local authorities have seen population growth since 2011 with the highest rate of growth being in Salford (15.4%). The City of Manchester's population has grown by the most within Greater Manchester an increase of 48,873 in the ten years. Amongst the 36 metropolitan districts in England only Birmingham (71,855) had a larger actual growth than Manchester. Salford (15.4%) had the highest actual percentage growth of any metropolitan district.

The Greater Manchester Combined Authority (GMCA) is made up of the ten Greater Manchester councils and Mayor, who work with other local services, businesses, communities and other partners to improve the city-region.

The ten councils (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan) have worked together voluntarily for many years on issues that affect everyone in the region, like transport, regeneration, and attracting investment.

The Greater Manchester Strategy

The Greater Manchester Strategy (GMS) sets out how, working collectively across Greater Manchester, with our communities, we can deliver the vision:

"We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region"

The GMS focuses on improved wellbeing for the people here, with better homes, jobs and transport. The strategy describes how work to make Greater Manchester a great place to visit, invest and study, with thriving businesses which are UK and world leading, in sectors including low carbon and digital, will continue. The GMS is designed to ensure that activity supports the achievement of a greener, fairer and more prosperous Greater Manchester, in a way which is inclusive, innovative and forward thinking, building on the pioneering and progressive culture which underpins Greater Manchester.It also shows how Greater Manchester can be held to account, with a delivery plan showing the collective actions being taken, and a performance framework to demonstrate progress.

The GMS focuses on shared outcomes:

The Wellbeing of our People

- A Greater Manchester where our people have good lives, with better health; better jobs; better homes; culture and leisure opportunities; and better transport
- A Greater Manchester of vibrant and creative communities, a great place to grow up get on and grow old, with inequalities reduced in all aspects of life

Vibrant and Successful Enterprise

- A Greater Manchester where diverse businesses can thrive, and people from all our communities are supported to realise their potential
- A Greater Manchester where business growth and development are driven by an understanding that looking after people and planet is good for productivity and profitability

Greater Manchester as a leading city-region in the UK and globally

- Greater Manchester as a world-leading low carbon city-region
- Greater Manchester as a world-leading digital city-region

3. The Greater Manchester Integrated Care Partnership

The way in which health and care services are organised in Greater Manchester changed in July 2022, in line with the Health and Care Act 2022.

The **Greater Manchester Integrated Care Partnership** (covering the Integrated Care System - the ICS) connects NHS Greater Manchester Integrated Care, the Greater Manchester NHS Trusts and NHS providers across the whole of primary care with the GMCA, Councils and partners across the VCSE, Healthwatch and the Trades Unions. Together these partners set the strategy and take the actions which will make a difference to the health of the population of Greater Manchester.

Greater Manchester Integrated Care Partnership Board is a statutory joint committee of the ICB (see the next point) and LAs within Greater Manchester. It brings together a broad set of system partners to support partnership working and it is the responsibility of this Board to develop this 'integrated care strategy' - a plan to address the wider health care, public health, and social care needs of the population.

NHS Greater Manchester Integrated Care (the Integrated Care Board – ICB) is a statutory NHS organisation leading integration across the NHS, managing the NHS budget and arranging for the provision of health services in a geographical area. It supports the ten place-based partnerships in Greater Manchester (Bolton, Bury, Heywood Middleton and Rochdale, Manchester, Oldham, Tameside, Trafford, Salford, Stockport and Wigan) as part of a well-established way of workingtomeet the diverse needs of our citizens and communities.

The Greater Manchester ICS is one of 42 ICSs across England, is one of the largest and one of only two which is coterminous with a Mayoral Combined Authority.

Our Shared Vision & Commitments

As partners and participants to the Greater Manchester Strategy, we want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener,fairer more prosperous city region.

For the Greater Manchester Integrated Care Partnership this means a Greater Manchester which pursues health equity to ensure:

- Everyone has an opportunity to live a good life
- Everyone has improved health and wellbeing
- Everyone experiences high quality care and support where and when they need it
- Health and care services are integrated and sustainable

Our shared commitments to ensure we achieve those outcomes are to:

- Ensure our children and young people have a good start in life
- Help people, families and communities feel more confident in managing their own health
- Support good work and employment and ensure we have a sustainable workforce
- Play a full part in tackling poverty and long-standing inequalities
- Drive continuous improvements in access, quality and experience –and reduce unwarranted variation
- Use technology and innovation to improve care for all
- Ensure that all our people and services recover from the effects of the pandemic as effectively and fairly as possible
- Help to secure a greener Greater Manchester with places that support healthy, active lives

- Manage public money well to achieve our objectives
- Build trust and collaboration between partners to work in a more integrated way

How we work

The creation of NHS Greater Manchester, and our new statutory Integrated Care Partnership, gives health and care partners the opportunity to work together to face the challenges the current economic climate presents to our communities and to public services. In doing that we will aim to accelerate the journey to improve our population's health and wellbeing we have been on forthelast five years, and so play our part in delivering the city region's vision.

Transforming public services, integrating care to provide solutions which are more than medicine,and working with communities and not simply 'doing to' fundamentally challenge our approaches to delivery and working together. The way that we work together will play an important part inachieving our vision and will challenge us to work together, and with the communities we serve,moreeffectively to achieve the outcomes we want to see.

Our Ways of Working:

Behaviours	We will …
Understand and tackle Inequalities	Take action at individual, team and organisation levels, with data needed to enable understanding. Raise awareness and take targeted action.
Share risk and resources	Set out our expectations of each other, and share data effectively, as well as supporting joint working with resource and a culture of collaboration. This must happen at every level and in every place and can lead to more effective use of resources.
Involve communities and share power	Consistently take a strengths-based approach with co-design, co-production and lived experience as fundamental ingredients.
Spread, adopt, adapt	Share best practice effectively, test and learn, and celebrate success, with supportive governance and resources.
Be open, invite challenge, take action	Be open and honest, and consistent and respectful in working witheach other, within a supportive environment
Names not numbers	Ensure we all listen to people, putting the person at the centre, and personalising care

This will involve rapidly increasing the level of integrated neighbourhood and locality working that connects all partners and communities who can contribute to improving health and tackling inequalities, and moving more quickly to a stronger model of collaboration at the Greater Manchester level, ensuring more consistent and standardised responses to systemic challenges.

To ensure we play our part in delivering our shared vision across Greater Manchester, we will capitalise on both:

- The connection with neighbourhoods and communities that locality working offers – to integrate health and care with wider public services and tackle the root causes of poor health; and
- The scale that a single Greater Manchester organisation offers – to drive consistent improvement; reduce unwarranted variation; and make the best use of our collective resources

Figure 1 below, highlights how partners across health and care, wider public services and the VCSE work together as part of integrated neighbourhood teams; across whole districts, towns and cities in place-based partnerships; and, where appropriate, across the whole of Greater Manchester to ensure consistency of access and experience and pursue improvements at scale.

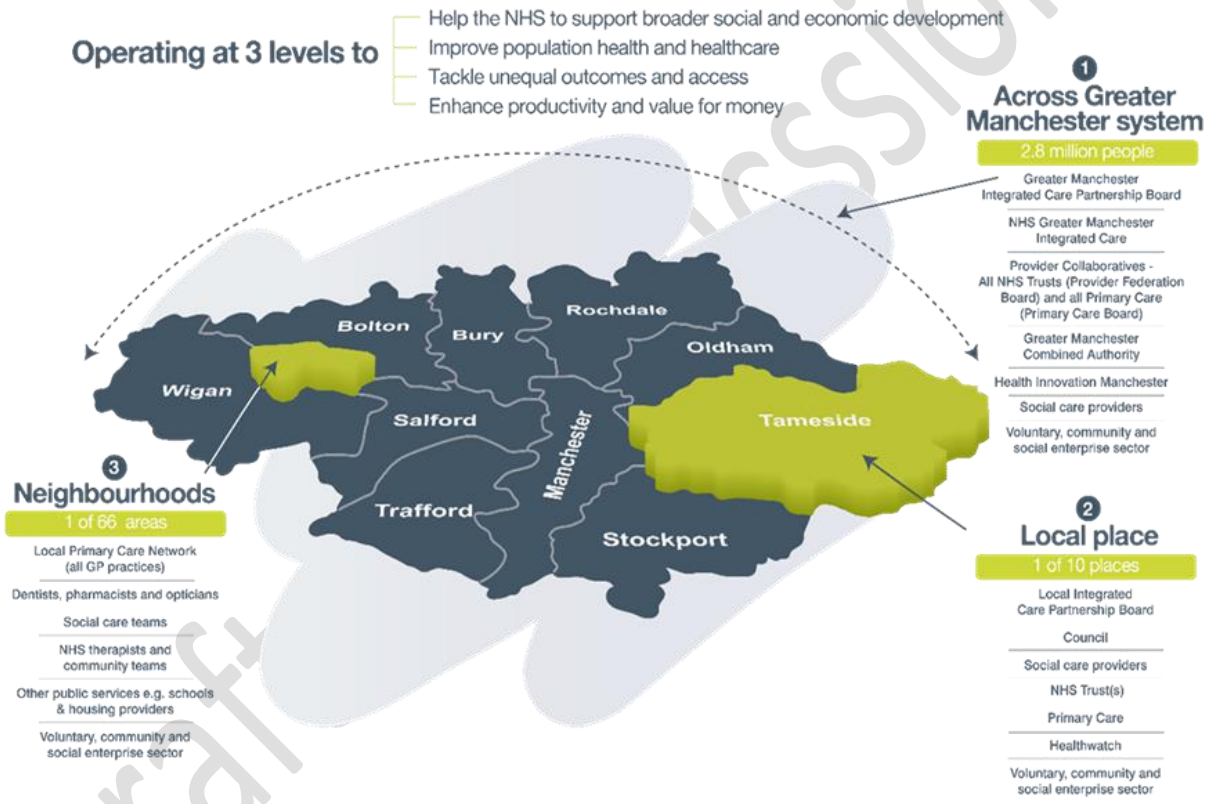


Figure 1

Within Greater Manchester we have arrangements for providers to work together effectively at scale, including:

- The Greater Manchester **Provider Federation Board** (PFB) is a membership organisation made up of the eleven NHS Trusts and Foundation Trusts who provide NHS funded services across Greater Manchester and East Cheshire. It includes the NHS providers of 111, 999, patient transport services (PTS), community mental health and physical health services and hospital mental health and physical health services
- The Greater Manchester **Primary Care Board (PCB)** has been supporting collaboration and integration since 2015 and will continue to support the delivery of outcomes at all levels of,

and across, the system, through its various programmes and its work with all 67 Primary Care Networks[2] (PCNs) in Greater Manchester.

- Greater Manchester **Directors of Adults and Children's Social Care** collaborating to support transformation of social care at scale. For Adult Social Care this also includes joint working with the Greater Manchester Independent Care Sector Network.
- **Voluntary, Community and Social Enterprise (VCSE) sector providers** are part of a three-way agreement (the VCSE Accord) between the GMCA, and the Greater Manchester ICS and the VCSE Sector represented by the Greater Manchester VCSE Leadership Group, based on a relationship of mutual trust, working together, and sharing responsibility, and providing a framework for collaboration. The VCSE has also established an Alternative ProviderFederation as a partnership of social enterprise and charitable organisations operating at scale across Greater Manchester, providing an infrastructure for alternative providers to engage with the ICS on a Greater Manchester footprint.

4. Influences on this Strategy

We have drawn on a variety of sources, in addition to each of the Joint Strategic Needs Assessments and locality plans developed through each Health and Well Being Board, in order to identify ourvision and shared outcomes going forward. These sources include

- What the data and research is telling us about health needs
- What the evidence and evaluation is telling us
- The pressures on current services and the health & care workforce
- What residents are telling us

Data and Health Needs

Among its population of 2.8m people, Greater Manchester has some of the lowest life expectancy in England, with differences between the most and least deprived areas of 9.5 years for men and 7.7 years for women[3].

Significant disparities exist between and within Greater Manchester's ten districts. In some of the 10 local authorities that make up our city-region, those living in the neighbourhood with the shortestlife expectancy can, on average, expect to die a whole decade before their compatriots in areas which fare best. In some places the disparity is as big as 17 years.

Further disparities exist between communities according to race and ethnicity, gender, disabilities, poverty and social exclusion, sexuality and age. For example:

- The poorest children are four times as likely to have a mental health difficulty as the wealthiest.
- Black people are many times more likely to be subject to the Mental Health Act. Amongst the five broad ethnic groups, known rates of detention for the 'Black or Black British' group (343.5 detentions per 100,000 population) were over four times those of the White group (74.7 per 100,000 population).

[2] Primary Care Networks involve GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as primary care networks (PCNs).

[3] Codling, K. & Allen, J., Health Equity in Greater Manchester: The Marmot Review 2020. London: IHE, 2020

- People with autism, learning disabilities and long-term physical health problems have higher rates of mental ill health that are often never even identified.
- More than eight in ten women in Britain have felt as though they have not been listened to by healthcare professionals
- 45% of trans young people (aged 11-19) and 22% of cis LGB young people have tried to take their own life. Among the general population the NHS estimates this figure to be 13% for girls and 5% for boys aged 16-24.
- Black women are four times more likely to die during pregnancy or childbirth compared to White women with women from Asian backgrounds facing twice the risk of maternal mortality.

In each case there are direct implications for the design, and delivery of health and care services to achieve heath equity for timely access, experience of care and the outcomes of that care.

The 2021 Census confirmed the broad trends of continuing population growth that we see for Greater Manchester, and especially the cities of Manchester and Salford, over the past ten years, are a continuation of the changes experienced in the two decades before. The scale of growth in recent decades across Greater Manchester outstrips the population losses of the 1970s and 1980s.

The scale and characteristics of the growth in Greater Manchester's population will have implications for services such as health and social care for the elderly, school places and public transport but will also mean that Greater Manchester authorities funding from central government will change in accordance with these population changes.

In 2020, the **Institute of Health Equity** (IHE), led by Professor Sir Michael Marmot, published an update on the 2010 Marmot Review of health inequalities in England, which included a parallel report dedicated to Greater Manchester[4]. The IHE followed this with a detailed analysis of how Greater Manchester could become a Marmot city region by tackling inequalities across the life course, published as Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives[5].

The principle of Proportionate Universalism emphasised as part of that work recognises that greater help will be needed by those with greater challenges to overcome in order to reduce inequality.

The **Independent Inequalities Commission** (IIC), showed the main socioeconomic inequalities to be centred on housing and the lived environment; education and skills; power, voice and participation; income, wealth and employment; connectivity; and access to care and support. In a bid to address these inequalities, the IIC recommended that Greater Manchester focus its energy and resources on attaining two main goals: equality and wellbeing. The IIC identified that in terms of income , wealth and employment:

- Nearly a quarter of Greater Manchester adults of working age (24%) are economically inactive, well above levels for England as a whole (21%)
- For people from minority ethnic groups in Greater Manchester, employment rates are over ten percentage points below the overall working-age employment rate
- Only half of Greater Manchester working-age residents with a disability are in employment
- 37% of the city region's working-age population have higher level (Level 4+) skills, compared to the England average of 40%; and Greater Manchester has a disproportionately high proportion of working-age people with no qualifications (9%)

[4] Codling, K. & Allen, J., Health Equity in Greater Manchester: The Marmot Review 2020. London: IHE, 2020.
[5] Marmot, M., Allen, J., Boyce, T., Goldblatt, P. & Morrison, J., Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives. London: IHE, 2021.

- The skills deficit reinforces the predominance of lower value, low pay employment in the city-region compared to the south of England and Greater Manchester's international comparators. Low income levels underpin high levels of child poverty (26%) in Greater Manchester, which are well above the national rate of 18%
- There is compelling evidence of ageism in recruitment and retention of older workers, leading to low incomes and lack of social roles in mid-life and later life

Greater Manchester commissioned an **Independent Prosperity Review** in 2019 which was updated in 2022[6], in the light of COVID-19, the UK's exit from European Union and the inflation and energy shock. It showed that:

- Greater Manchester's productivity has been about 10% below the national average in recent years.
- Among the causes – explaining about 30% of the productivity gap is lower labour market participation caused by health problems.
- There are very strong correlations between employment levels and health conditions. Research found that as much as 75% of the variance in employment rates across the neighbourhoods of Greater Manchester is accounted for by health (correlations for mental and physical ill-health were similar)

Greater Manchester is relatively deprived compared to other ICSs in England – with the third highest % of the most deprived areas in England, compared with the 42 ICSs.

Evidence and evaluation

The years following devolution from 2015 onwards have been times of change for the whole population and a range of improvements in health were achieved. Reductions in smoking prevalence, supporting more children to be school-ready, reductions in people who were physically inactive and positive employment outcomes for people with health related barriers to work each showed sustained performance compared to the rest of England.

Taken together, these changes contributed to an improvement in life expectancy against comparable areas. A study by University of Manchester researchers published in the Lancet Public Health shows life expectancy in Greater Manchester was higher than comparable areas between 2016 and 2019, after the city-region took control of its health and care spending in a 'devolution deal' with Government. In the short-term, life expectancy remained constant in Greater Manchester but declined in comparable areas in England. In the longer-term, life expectancy increased at a faster rate in Greater Manchester than in comparable areas. The study showed the benefits linked to devolution on life expectancy were felt in the most deprived local authorities where there was poorer health, suggesting a narrowing of inequality.

There is much about our model for health creation, connecting social, medical and behavioural factors which has been demonstrated to work and must remain the focus of our work with communities in each neighbourhoods throughout the life of this strategy.

Pressures on current services and the health & care workforce

Like all health and care systems, Greater Manchester is facing a range of challenges, some of which can be addressed within Greater Manchester whilst others also require changes at a national level. How we aim to address these in Greater Manchester is described in this strategy. The impact of the

[6] https://greatermanchester-ca.gov.uk/what-we-do/economy/greater-manchester-independent-prosperity-review/ipr-2022-evidence-update/

pandemic has been huge, and exacerbated many of the challenges which were already having an impact on the wellbeing of staff and the sustainability of services:

Demand for NHS services

- Over 535,000 people were waiting for treatment as at February 2023 compared to 220,000 before COVID-19. Greater Manchester is required to eliminate waits of over 18 months by end March 2023
- Prior to COVID-19, Greater Manchester was not meeting core Cancer Constitutional Standards, and the equivalent of five additional theatres are required now, five days, every week, to address the cancer surgical backlog.
- Mental health demand and acuity is high as a direct consequence of the pandemic with national predictions for mental health needs to remain at elevated levels for some time to come.
- 2/3s of GP practices are reporting increased levels of demand, with a further 1/5 reporting significant or very significant increased demand and 1% of practices at critical status. Over a quarter of pharmacies, 2/5th of dental practices and 2/5th of Optometrists are reporting challenges – sometimes significant challenges - to the delivery of their service.

NHS Resources

The Greater Manchester ICS has both an efficiency and a productivity challenge. The ICB inherited a structural budget deficit (commitments over revenue) of over £500 million (out of a total budget of £6.5 billion) on its establishment on 1st July 2022. This mainly reflects the ongoing cost of additional resources (mainly workforce) put in place during the COVID pandemic. One of the requirements on an ICS is bring the system into balance.

Demand for social care

- Significant increase in referrals to adult social care for mental health, domestic abuse, unpaid carers breakdown
- 600 people a day join a waiting list nationally
- 64% of councils are not confident in their ability to delivery statutory care related to market sustainability. 65% said that quality of care that could be delivered had decreased
- 7 in 10 reported local providers closures, contract hand backs, or ceased trading
- The ten Greater Manchester local authorities spent £481m on children's social care in the financial year April 2021 – March 2022. This was 3.4% more than the £465m spent in 2020/21, with net expenditure exceeding budget in 8/10 localities.
- The financial challenges in children's services are being driven largely by a combination of increased demand for and cost of LAC placements alongside unprecedented workforce challenges, particularly around recruitment & retention of social workers and other professionals with increased use and rising cost of agency staff, presenting significant financial challenges to the budgets of some children's services departments.

Pressures on the health and care workforce

- Recruitment and retention – but with particular pressures in nursing and midwifery, dental nursing, care workers and within the VCSE sector. We also know that we have an ageing workforce and a high turnover of people within adult social care.
- Health and wellbeing - the pandemic and subsequent recovery has been really challenging for our workforce, and many of our people are facing, or already experiencing, burnout. As a result, sickness absence levels remain extremely high, putting further strain on our workforce and our finances.
- Lack of diversity amongst our workforce must be addressed, to ensure decisions are being made and care is being provided that meets the needs of everyone.

- Lack of parity between the NHS and social care - the living wage, access to occupational sick pay and wellbeing needs to span the totality of the workforce including those providing servicesfrom the VCSE.
- Cost of living crisis – our staff, in common with our communities face increasing fuel and food costs. In areas of primary care and social care we know that turnover is impacted by people finding better pay in the retail sector.
- Financial challenges - the workforce crisis is contributing to this with high sickness absencerates, agency and locum spend and reduced workforce productivity. Resolution to the workforce crisis must focus on retention, as well as thinking about working in a different way, embracing digital advancements and reducing costly agency and locum spend.

What residents are telling us

Phase 2 of the Big Conversation took place in October 2022 and involved a range of methods for engaging people across the length and breadth of Greater Manchester. More than 2,000 individuals were involved, including men and women, older and younger people, carers, LGBTQ+, people with disabilities, members of different BAME communities, asylum seekers, refugees and other excluded groups including sex workers and the street homeless.

Across Greater Manchester, residents told us there is:

- widespread concern with funding and staffing levels for the NHS, as well as social care and the local VCFSE
- widespread concern the difficulties experienced in accessing GP appointments, as well as other access problems such as waiting times for hospital care
- a demand for more personalised and person-centre care, which takes account of the different needs of different individuals and communities, and recognises that one size does not fit all
- a demand for more and better partnership working with the VCFSE sector which is seen as ideally placed to help statutory services negotiate some of the above, and
- an expressed need for more action on prevention and the wider determinants of health, including help with the cost of living.

Throughout the engagement, the first two themes overshadowed all others.

Our latest Residents' Survey highlights relevant challenges relating to the cost of living crisis:

- As a result of the cost of living crisis, employed respondents in Greater Manchester are more likely than those across Great Britain to be working more hours than usual (33% vs. 18%); looking for a job that pays more money (23% vs. 18%) or working more than one job (13% vs. 3%)
- 40% of December respondents had a food security level classified as 'low' or 'very low' – and have experienced food insecurity in last twelve months.
- 36% of respondents noted that their household experienced some form of digital exclusion. Disabled People and older residents are more likely to be digitally excluded.

Young people in Greater Manchester, participating through #BeeWell (a programme that annually measures the wellbeing of young people across Greater Manchester) have indicated:

- In 2021, the average life satisfaction and mental wellbeing scores of young people across Greater Manchester were lower than those of young people in England (in studies using the same measures as in #BeeWell). This remains the case in 2022.

- 16% of young people responding to the Me and My Feelings measure reported a high level of emotional difficulties.
- The life satisfaction average score is 6.2 out of 10 for girls but 7.2 for boys. There are sizeable inequalities for young people who identify as LGBTQ+.
- Across Greater Manchester, 1 in 3 young people (34%) are reaching the recommended levels of physical activity set by the Government's Chief Medical Officer of at least one hour per day. This falls to 27% of girls, 27% of Asian pupils, and 18% of Chinese pupils.
- Pupils from a range of ethnic groups (for example, over a third of Black and Chinese pupils) report experiencing discrimination because of race, skin colour, or where they were born (occasionally, some of the time, often or always).
- Over a third of young people who identify as gay or lesbian report at least occasionally experiencing discrimination because of their gender, and this rises to around 40% for young people who identify as bi or pansexual, or transgender.

5. Responding to the Challenges

There are 3 key elements confirmed through this strategy which will hold the actions we will take to respond to these challenges and ensure we hold ourselves to account as we deliver:

i. *Embedding the Greater Manchester model for health* – This includes how we work with communities to prevent poor health and ensure support is available before crises occur to reduce demands on formal NHS and social care services. It includes how we work together to provide consistent and high quality care where Greater Manchester residents can be assured that the standards are equally good wherever they access care. Finally, how we connect our academic, industry and technology assets to ensure that we remain at the forefront of innovation and discovery.

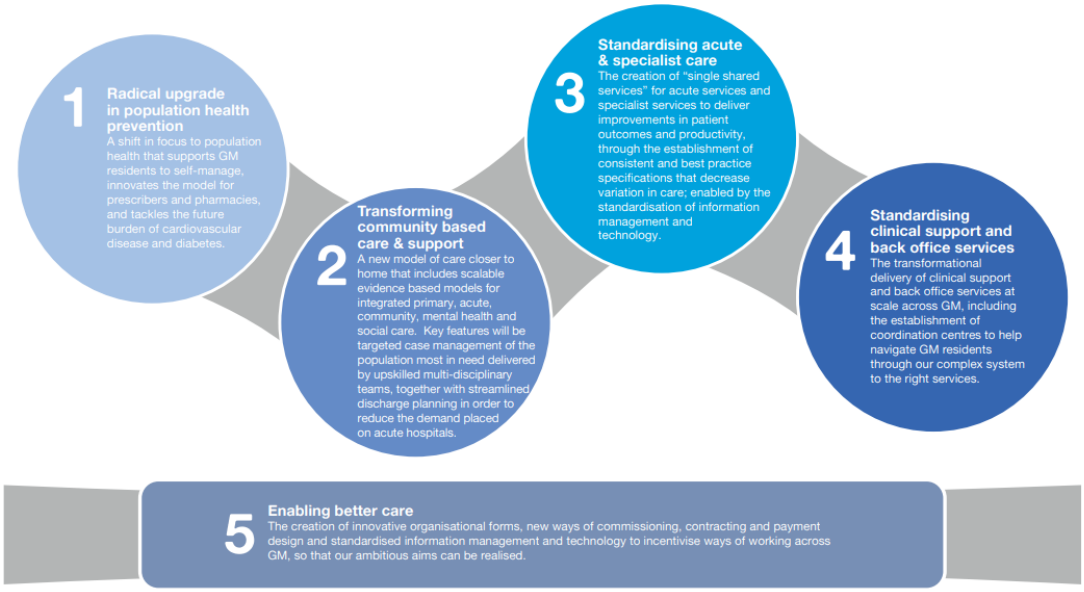
i. *Prioritising our missions to address the systemic challenges of today and the coming 5 years* – This strategy will not describe everything we will do together across the next five years. It will however confirm those shared missions which will connect the whole system to our most significant and deep rooted challenges. Each of those priority missions will respond directly to the influences informing this strategy – what the residents of Greater Manchester have told us, the pressures facing public services and our workforce, the evidence and research into what drives our health needs and the evidence of what works to respond to them.

ii. *Monitoring our progress* – ensuring that we are clear about the rate of progress we intend to make, that we can be held to account by the residents of Greater Manchester, and that we can hold each other to account for delivery.

6. Embedding the Greater Manchester model for health

In 2016 we confirmed the key elements to transforming our health and care model. That new approach, responding to NHS England's Five Year Forward View committed us to:

- A radical upgrade in population health and prevention
- Transforming community based care and support
- Standardising acute and specialist care
- Standardising clinical support services
- And enabling better care.



This was ambitious, comprehensive and relevant to the long term transformation of health and care. There are significant areas of progress as well as important areas of further development, but we can now describe what our radical model for health looks like.

We have been developing a comprehensive model for health and integrated care for the last seven years. It is based on core principles of co-production and working with people and communities and not 'doing to'. We have exceptional examples of integrated neighbourhood working, matureprovider collaboration and public service reform and evidence of impact. We also have enhanced potential to realise a 'social model' for population health and prevention given the depth of relationshipsbetween the NHS, Local Government, wider public service partners and the VCSE. This is a model which offers more than medicine and positively addresses the full range of determinants of our health.

We have, through Health Innovation Manchester, a unique vehicle to drive our research, innovation and discovery efforts and support deployment at scale.

Our challenge, is that this is not universally realised across Greater Manchester. Our aim through the strategy therefore is to confirm the actions and approaches necessary to reach the tipping point to ensure maximise the effectiveness of how we work together to improve our outcomes.

The following section confirms the core characteristics of the model and the focus of its further development.

Creating the conditions for a good life in good health

We have pursued a 'health in all policies' approach to maximise our influences on the social determinants of health.

Good Homes - connecting with the GMCA, local government and Greater Manchester's housing providers to improve the availability, and quality of housing, including supported housing. Tackling and preventing homelessness and developing homeless healthcare as part of an inclusion health approach..

Healthy places - developing neighbourhoods with cleaner air, access to green spaces where communities can come together, connect and support each other, to improve and enjoy their local environment benefitting their physical and emotional health; where active travel through walking and cycling is made easy and supported by our collective work through GM Moving. Ensuring that places are age-friendly and that older residents can contribute to and benefit from sustained prosperity and a good quality of life to ensure they can age well.

Case Study – GM Moving

Strong and connected communities – we saw, as part of the response to the pandemic, that improved levels of volunteering assisted wellbeing and health of both those volunteering and those receiving support. The appetite for rapid innovation saw services were being blended to accommodate the VCSE sector due to their direct reach into communities, services run from local community buildings, and befriending services bridged the gap for people unable to do for themselves. The willingness to care and volunteer offers real potential to secure a lasting legacy.

Diet and Food Security – improving diets and tackling food insecurity to improve physical and mental health, educational and economic outcomes. In children, food security positively affects happiness and life satisfaction, social skills, and quality of life scores.

Inclusive economy - a people centred approach to economic development where everyone can participate in local economic life; where local resources and wealth are redirected into the local economy and where local people have more control. Where we maximise the contribution of public services through our social value framework and our contribution as local economic anchors in relation to employment, procurement, building and land use, and our environmental impact.

Skills, education and good work - supporting early years development to support more children to be school ready; ensuring successful educational experiences in schools and colleges which support positive mental health; and securing more control of the post-19 skills system to lead to better employment opportunities across the city region. Focussing also on good work through the spread of the Greater Manchester Good Employer Charter improving pay and supporting well-being in work.

Case Study – Make Smoking History

Health & justice – addressing the health, social care and criminal justice factors that can lead to life-long poor physical and emotional health, and reduced life-expectancy, for people who are seen in the criminal justice system, as offenders or victims. Working with Greater Manchester Police, National Probation Service, education professionals, youth justice and local authorities to address the underlying causes of violent crime and work together with communities to prevent it. It forms part of Greater Manchester's approach to tackling serious violent crime, ensuring victims of violent crime get the right support, and improving the criminal justice response to all forms of serious violence.

Providing proactive and preventative integrated care through our neighbourhood model

Utilising people and community centred approaches to support proactive primary care through a comprehensive neighbourhood model spanning public services, local business and community led groups. This aims to maintain good health and independence and reduce demand on acute and crisis services. Our refreshed blueprint for primary care will underpin this ambition.

Integrated neighbourhood teams - typically organised for 30-50,000 residents and coterminous with primary care networks. Connecting the full span of primary care including GPs, dentists, pharmacists and optometrists with community, social and local acute care, local VCSE and wider public services (such as housing providers, schools, employment support and the local police and fire and rescue service).

The neighbourhood model is the key to making a social model for health a reality through comprehensive person and community centred approaches ensuring that people are supported to live well and continue doing the things they love, with the support they need, whether they're diagnosed with cancer or dementia, or at the end of live and receiving palliative care.

Locality case study – impact on reducing demand

We will not miss the opportunity to maximise the enormous potential of community pharmacy with those integrated teams to demand across the care system and reduce pressure on GPs and local hospitals.

Utilising population health management tools to anticipate care needs and provide support and preventative care before crises occur. Integrating local urgent care to provide an urgent community

response and reduce the need for people to need ambulance or hospital support. Our digital transformation objectives are key to connecting and improving this aspect of the model through improved data availability particularly for community services, ensuring comprehensive risk stratification to support enhanced case finding, and the expansion of remote monitoring and virtual wards. We are ensuring the ongoing enhancement of the GM Care Record and its use for direct care, secondary uses, and research. For the integrated care workforce we are promoting the development of neighbourhood based integrated health and social care roles, including the expansion of the blended roles programme.

Screening and immunisation - identifying those at greatest risk and supporting early detection and therefore earlier treatment and support. Reducing health inequalities and addressing differences in uptake among different groups.

Reducing harms from tobacco, alcohol and drugs - reducing smoking prevalence as part of our Make Smoking History Programme; reducing alcohol and tobacco harms especially during pregnancy; and changing lives with those experiencing multiple disadvantage and struggling with the complexities of drug, alcohol, mental health and associated problems. This has been at the heart of our Public Service Reform journey for over a decade now and ensures we work across sectors to tackle the root causes of demand and improve population health on a more sustainable basis.

Transforming Adult Social Care – social care in Greater Manchester is fundamentally about better lives, not services. It is rooted in the power of co-production with people, carers and families to deliver better outcomes for all. It is much more than how we met the challenge of supporting flow in our hospitals, although that remains a critical challenge, it includes all the changes needed to ensure people have greater independence and enhanced wellbeing within stronger, more resilient communities. Our adult social care ambitions supporting people to 'Live Well at Home', as independently as possible, making sure that the care and support people experience responds strengths and what matters most to them; valuing and respecting carers through recognition and support; supporting people with complex needs with enhanced care at home to prevent people going into hospital and to return home as quickly as possible; and working with social care providers to improve quality and ensure a resilient and diverse market for care.

Locality Case study – Manchester Better Outcomes Better Lives

Supporting children and young people - providing early help to families with a focus on improving educational attainment, speech and language and healthy weight; ensuring good emotional well-being with earlier targeted intervention and expansion of community based mental health services; co-produced support for children and young people with special educational needs; support through transitions as part of a 0-25 model; and boosting outcomes for young people leaving the care system through support in education, employment and training, health support, and achieving financial stability.

Ageing Well - responding to the opportunities and challenges of an ageing population in our city-region, focusing on reducing inequalities and ageing well. This requires change in approach to health & social care to ensure more proactive care. Preventing poor outcomes through healthy and active ageing. Quality improvement in existing acute & community services ensuring people get the right care when they need it.

Integrating care through our local providers

Urgent and emergency care - using a clinically guided Greater Manchester approach to develop the pathways between local urgent care services such as GP out of Hours, 111 and A&E and more specialist emergency care such as for Major Trauma, Hyper-Acute Stroke, and heart failure. Empowering the Greater Manchester Provider Collaboratives to organise and deliver a consistent approach to triage, treatment and transfer across urgent and emergency care sites.

Planned care - using the provider collaboratives to direct planned care recovery and address the backlog through a single shared patient list, targeting health inequalities, offering virtual outpatients and managing staff well-being. Managing the flow of new patients needing diagnosis and treatment enabling access to specialist opinion and developing models for community diagnostic hubs. Reducing unwarranted clinical variation through approaches including Getting It Right First Time and maximising bed and workforce capacity.

End of Life and Palliative Care - The Greater Manchester Commitments to Palliative and End of Life care provide the foundation for working collaboratively to ensure people can live well in the last year of their life, before dying as comfortably as possible, in the place of their choice. Equitable access to high quality, holistic, personalised palliative and end of life care, at home and through our hospices and other providers, not only ensures a more positive experience of death and dying for Greater Manchester individuals and their families, it also protects other health care services, under unprecedented strain even before the impact of COVID.

Cancer care - comprehensive preventative approaches to reduce people's risk of developing cancer. Orientating the whole system towards early detection, diagnosis and treatment to improve survival outcomes and experiences. Considering the full range of people's needs to enable them to live well with and beyond cancer. Bringing together world class researchers and clinicians with our research bodies to constantly improve the lives of people affected by cancer.

Mental Health - multi-disciplinary team working that connects to neighbourhood and community based care and is strengths based, increases access to evidence based clinical interventions, psychological therapies and social support. Using "Thrive" principles to meet dynamically changing needs of children, young people, adults and older people with common mental health problems, severe mental illness, and those with very complex needs who may not currently meet the thresholds for secondary care services. People receiving support can move between different types of help as their needs change.

Sustainable services – responding to the need for a proactive approach to acute service sustainability, to identify services that could fail without intervention and take earlier action. The initial priorities are in dermatology and ophthalmology.

Ensuring that we stay at the forefront of health innovation and discovery.

Health Innovation – reducing the time from discovery to spread by connecting the healthcare system with academia and industry to respond to health and care challenges and stay at the forefront of the national and global agenda in discovery science, innovation into practice and population health. We are developing our approaches to unlock the full potential of our digital and data assets to support redesign and transform care to benefit Greater Manchester residents.

We need to digitally transform how people engage with health and care services by bringing in new technologies and using data to provide more accurate and effective care and treatment. We will harness the power of data and technology to move beyond the basic ability share information, to

digitally reimagine services to fully support the integration of care, empower people to take greater control of their health and wellbeing and accelerate innovation into practice.

Appropriate use of new technology means that people will be able to receive care and treatment based on the most accurate information where and when they need it. It also allows people to better monitor their own health and plan their care, alongside each professional.

By analysing de-identified personal data, we can better review and plan services based on accurate information. It also supports groundbreaking research into new cures and treatments that could save lives here and around the world.

Finally, we aim to significantly grow our activity in community based research. Through the Health Innovation Manchester model, in Greater Manchester we are well configured to use our available resource for research and innovation most effectively towards local problems, develop and deploy proven innovation at scale through leveraging industry resource and investment. This model enables us to maximise the leverage of national and Greater Manchester system funding through grants raised and industry resource and link directly to increasing our contribution to economic development in Greater Manchester.

Case Study – from HInM

7. Meeting today's challenges – Our 6 Priority Missions

Section 4 sets out the challenges this strategy now seeks to respond to.

Everyday life for many is precarious and repeated shocks affecting people's sense of security and wellbeing are now widespread. This is evident in the **effects of the cost of living crisis** and what that means for food and fuel security, digital exclusion, housing and employment security. These represent profound risks for the health and wellbeing of our population.

Poor health remains the single most important factor driving long term **exclusion from employment** and participation in the economy. That exclusion affects a quarter of our working age population.

Participants in our Big Conversation emphasised their concern about the problems **accessing core health and care services**. Reducing long waits as core services are restored is essential to maintain the confidence of those residents requiring our care.

The **failure to prevent illness and its late detection** means that our health and care system remains locked in a cycle of responding to crisis. Greater Manchester's population, experiences higher mortality than it should, and people spend a greater proportion of their lives in poor health. Especially those with disabilities, those from racially minoritised communities those facing multiple disadvantage. An upstream model of care and earlier intervention remains a consistent ambition across each of our locality plans.

The health and care workforce is at breaking point and faces an unprecedented crisis. Addressing our **workforce challenges** is the biggest barrier to improving the way we provide health and care for our communities. The Greater Manchester public expressed its own concerns for the pressure on our health and care workforce. We must also recognise the additional pressure and challenge faced by unpaid carers supporting their loved ones every day. The more that stresses emerge in public services, the greater the consequent demands move to families and carers.

The **pressure on public finances** over an extended period is evident in our inability to ensure resources match the demand on health and care services and ensure long term financial sustainability. The financial challenge facing the system is greater than at any point in the last 20 years.

It is this agenda which has confirmed for us six pre-eminent missions requiring action in each neighbourhood, in all ten localities and across the whole of Greater Manchester:

i. Strengthening our communities
ii. Helping people get into, and stay in, good work
iii. The recovery of core NHS and care services
iv. Helping people stay well and detecting illness earlier
v. Supporting our workforce and our carers
vi. Achieving financial sustainability

Strengthening our communities

This strategy must meet the moment, and recognise the stresses on daily life for many of our residents have been significantly increased through the cost of living crisis. This will translate into a crisis in health. Helping people, families and communities feel more confident in managing their own health is possible only if we strengthen front line support immediately through the cost of living crisis, build resilience across the system to deal with the impacts of climate change and ensure accessibility of universal services for all and directly tackling digital exclusion.

Critically, this about helping communities support each other. We are working closely with leaders from Greater Manchester's VCSE sector and have put in place an Accord agreement which contains eight commitments which are shared across the sector, the Integrated Care Partnership, as well as the GMCA and its constituent local authority members. Our shared aim is to further develop how we work together to improve outcomes for Greater Manchester's residents and strengthen our communities.

Our focussed actions here include:

- **Leverage our social prescribing infrastructure in Primary Care Networks** to enable people to be able to get opportunity, advice and support in their community to lead a healthy happy life
- **Coordinate our response to poverty** - food, fuel, and transport.
- **Address historic under-investment in Mental Health, learning disability and autism** and expand our community based provision through the Living Well model
- **Embed the VCSE Accord** to grow the role of the VCSE sector as an integral part of a resilient and inclusive economy
- **Progress our Net Zero climate change contribution** to achieve a net zero NHS GM Integrated Care Carbon Footprint by 2038
- **Deliver a Greater Manchester-wide consolidated programme to deliver better outcomes for those experiencing multiple disadvantage** and co-occuring conditions building on learning and effective approaches from the Supporting Families (Troubled Families) programme, Rough Sleeper Initiative, Housing First, Changing Futures and Working Well.
- **Equip people with the skills, connectivity and technology to get online**, partnering with the Digital Inclusion Action Network, and focusing on all under-25s, over-75s and disabled people.

Helping people get into, and stay in, good work

The fourth purpose of Integrated Care Systems is to support wider social and economic benefits from NHS investment. This is important everywhere, but for place like Greater Manchester it has the potential to be nationally significant in raising overall productivity and supporting a necessary rebalancing of the economy.

Current Government economic policy is centred on creating the conditions for accelerated economic growth. The public sector in the North makes a greater contribution to GDP, employment and economic activity than elsewhere in the country. We believe that approaching this mission with focus and energy is essential to help address the widening inequalities that we see across our communities. We also believe that supporting people to have full lives and be healthy and well is the best way to reduce service demand pressures over the medium and long term.

Whilst all ICSs are developing their roles in relation to the anchor role of the NHS (such as procurement and local employment), there is the bigger question of what needs to be done to drive prosperity across Greater Manchester and the role of the Integrated Care Partnership in achieving this. In considering this we need to face the central questions of why children fall behind, why long term worklessness persists, and how Greater Manchester's health and skills inequalities need to be addressed we are to turn around longstanding and structural inequality.

Case study – a new approach to recruitment (Salford & Oldham)

The opportunity is to place ourselves at the heart of a more comprehensive Health and Wealth framework covering:

- Inclusive Economies
- Education, work and skills (early years, pathways into careers in care, health interventions addressing barriers to employment)
- Social value in capital developments
- Research and Development, Innovation, industry relations and life sciences contribution
- Advocacy and leadership on raising housing quality
- Influencing transport infrastructure developments to support active travel and clean air
- Procurement and supply chains that benefit local economies

Our focussed actions here include:

- **Expansion across each of our Work and Health Models** including Working Well Early Help to prevent people falling out of work, and the Specialist Employment Service supporting people with Learning Disability, Autism and Severe Mental Illness to place and then train people in work.
- **Working with employers on employee wellbeing**, through the Greater Manchester Good Employment Charter to ensure new and existing jobs right across Greater Manchester are underpinned by a commitment to equality, fair pay, and giving employees a say in how their workplaces are run.
- **Scaled application of Greater Manchester Social Value Framework and Community Wealth Building** approaches through a Greater Manchester Anchor Network

The recovery of core NHS and care services

Improving access to high quality, core services and reducing long waits is the pre-eminent expectation of Greater Manchester residents participating in the Big Conversation and will be delivered through our Strategic Approach to Recovery.

It will span the full range of core services where reliable and timely access has been set back.

Our focussed actions here include:

- **Improving ambulance response and A&E waiting times**
- **Reducing elective long waits and cancer backlogs**, and improve performance against the core diagnostic standard
- **Make it easier for people to access primary care services**, particularly general practice
- **Ensure universal and equitable coverage of core mental health services** and continue to value parity between mental and physical health **Pursue best practice pathways** to improve quality and reduce unwarranted variation
- Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- **Make it easier for people to access primary care services**, particularly general practice.

There are key activities underway already to ensure these improvements occur, however, we are also signalling where further action needs to be confirmed as part of this strategy. Recognising that NHS Greater Manchester Integrated Care must have regard to this strategy in developing its own plans with NHS partners, additional detail is proposed here in relation to those areas where it has most direct influence.

Primary Care – We will firstly recognise Primary Care's role as part of the wider Greater Manchester Urgent and Emergency Care System and aim to deliver responsive same day services. In organising primary care we should always seek to balance convenience and continuity of care in relation to who sees you in primary care and between online or face to face appointments according to patient's wishes and needs. NHS Greater Manchester should seek to secure additional capacity when periods of surge demand occur, linked to our pressures reporting model. Primary Care providers enable the spread access to online advice on symptoms and self-care, going to a community pharmacy, a general practice appointment, an urgent treatment centre, or the 111 out-of-hours clinical assessment service. NHS Greater Manchester Integrated Care and Primary Care providers will also engage on options to address the current issues surrounding access to NHS Dentistry to inform a dental access plan.

Urgent and Emergency Care – Our collective improvement activities will support people to be seen more quickly in emergency departments through better ambulance handover and front door streaming. Improved flow across the system will be supported through embedding Discharge to Assess; and to reduced need for hospital attendance and admission through a 2 hour Urgent Community Response in all ten parts of Greater Manchester, improved NHS 111 call handling, and Enhanced Health in Care Homes.

Planned Care –we will widen the implementation of surgical hubs to protect capacity for elective activity. We will improve productivity and efficiency by standardising patient pathways and embedding Getting it Right First Time, increase system theatre utilisation, reducing length of stay for elective patients and overall day case rate. We will expand the availability of Virtual Wards to increase capacity available for elective activity. Improved support for patients waiting for treatment will be provided through better care navigation, consistent patient initiated follow up and more While You Wait and My Recovery resources. A focus on health inequalities must run through each of the pillars of the elective recovery plan.

For children and young people, we will reduce waiting times to within national standards through a Greater Manchester -wide approach to paediatric elective recovery with common clinical

prioritisation, establishment of dedicated paediatric surgery hubs, sharing of best practice to maximise activity and implementing end-to-end pathway transformation.

Cancer Care – We will strengthen system compliance with best practice pathways initially in Breast, Skin, Head & Neck, Breast and Gynaecology and on to tumour sites where national guidance does not yet exist. We will improve diagnostics through enhanced mutual aid, increased first line diagnostic capacity and reporting dedicated to cancer. We will deliver the Single Queue diagnostics roll out, including PET and Interventional Radiology and increase sustainable diagnostic capacity through Community Diagnostic Centres. We will implement the Greater Manchester Lung model of care and accelerate roll out of targeted lung health checks.

Mental Health & Learning Disability – In the short term we will continue to support high levels of mental health needs and support the ongoing provision of crisis services to enable the increased number of people in crisis to be supported including increases in liaison and system working with GMP and NWAS and working in partnership to support people with a Serious Mental Illness to access housing and employment. To recover long waits, additional support to tackle waiting lists will be sought alongside reducing waits for physical health checks for people with a Severe Mental Illness or a Learning Disability.

We will provide a proactive approach to supporting Children and Young People now to reduce the impact of mental health problems, and specifically to improve the whole system pathway for eating disorders and improve Tier 4 interfaces with the whole system including admission, alternatives to admission and discharge.

Over the lifetime of this strategy we must aim to increase our longer-term baseline investment. This recognises both that demand now is substantially above pre-Covid-19 levels and that Greater Manchester has historically under-invested in mental health, learning disability and autism compared to other areas. This has resulted in a significant variation in the availability of those services across Greater Manchester. Services across the NHS, primary care and VCSE partners, working with Local Authorities, must be properly resourced going forward in order to support this fundamental shift in the needs of the Greater Manchester population through an agreed investment plan. This will position difficult choice for Greater Manchester, but will be consistent with seeking parity of esteem for mental health services with physical health services and acknowledge comparable historic under-investment. Recognising the starting position, our ambition would be to move Greater Manchester to the middle quartile of expenditure per capita with consequent improvements in access and outcomes across the life of this strategy.

Helping people stay well and detecting illness earlier

Many conditions which can contribute to shorter healthy life expectancy are preventable. We have set out the features of a Greater Manchester population health system , focused on putting health at the heart of all are city region policies, integrating public services that work together to address the wider determinants of health alongside NHS Greater Manchester's ambitions re upstream models of health and care.

We need to collaborate with focus and purpose across the system to deliver comprehensive, scaled approaches to the main modifiable risk factors for our biggest killers i.e. Tobacco, Physical Activity, obesity/food and alcohol.

At the same time we must prioritise secondary prevention (across hospitals and , through the Greater Manchester {Primary Care Blueprint), to embed a coherent, scaled and evidenced based approach to reducing the burden of poor health and early death from cancer, cardiovascular, diabetes and

respiratory diseases. This means moving away from siloed approaches by partnering with our residents and communities and utilising innovative data architecture and capability to develop interventions and models of care that better engage those from higher risk populations.

Finally, we must recognise that specific communities face greater barriers to prevention, early detection and early treatment. These include people with severe mental illness, people with disabilities, communities facing disadvantage or discrimination as a result of ageism, racially minoritized communities and communities in poverty. We will, therefore, embed a comprehensive approach to reducing health inequalities and through our Build Back Fairer Framework and the Core20plus5[7] priorities to deliver improved equity, equality and sustainability across health and care.

Our focussed actions here include:

- **Scaled application of CORE20PLUS5 to reduce health inequalities**: drive early cancer diagnosis, hypertension case finding, reduce hospitalisation for COPD, increase health checks for people with severe mental illness or learning disability, and improve maternity outcomes
- **Drive prevention through increased physical activity, and reductions in smoking and obesity**
- **Expansion of culturally appropriate services** that better reach into disadvantaged communities
- **Apply evidenced based Falls Prevention** applied consistently across Greater Manchester.
- Monitor and target unwarranted variation to target populations based on inequalities and variation in care.
- **Expansion of key tools for enhanced case finding and anticipatory care** partnering with our residents.

Supporting our workforce and our carers

These are extremely challenging times for our health and care services as we face significant financial pressures and a workforce crisis. We have spiralling sickness absence rates, recruitment and retention challenges and a workforce that feels overstretched and often under-valued. As an integrated care partnership we need to take action to create the conditions to allow our people to provide the best possible care.

We have already set out a People and Culture strategy to promote integration, better partnership working and good employment practices. The strategy also seeks to address the causes of sickness to keep our workforce well and addressing the inequalities we know people face in the workplace.

Our intention is to ensure we have more people choosing health and care as a career of choice, and that they feel supported to develop and stay in the sector. A cultural shift is sought to create a more compassionate and inclusive leadership culture, bolstering a culture of collaboration and a culture where wellbeing matters.

Our actions will demonstrate, through action and reward, the value we place on those providing care across health and care, our statement of commitment to support, retain, develop and enable wellbeing in our workforce, as well as at home for unwaged carers.

This focussed actions here include:

[7] Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement.

- **Increase in Good Employment Charter membership and payment of the Real Living Wage**. Supporting organisations to achieve Charter membership will also improve employment standards across all areas covered by the Charter, including security, flexible working, employee engagement, recruitment, people management wellbeing provision and inclusion.
- **Improve workforce wellbeing**: We will increase access to wellbeing and absence management resources, with the aim of improving wellbeing and reducing sickness to support better workforce planning and ensure safe staffing.
- **Address Inequalities**: We will improve diversity at senior manager and executive level and improve the experience for our workforce with protected characteristics
- **Grow and develop our workforce**: We will increase recruitment to the sector from within our own communities, including key areas such as nursing, midwifery, social care and mental health. We will support more people to develop and stay and improve our workforce planning system infrastructure.
- **Workforce Integration**: We will increase the opportunities for sharing and partnership working across our system and organisational boundaries and increase the number of people working in integrated roles.
- **Provide more consistent and reliable identification and support for Greater Manchester's unwaged carers**, building on the Greater Manchester Carers Charter and the Greater Manchester Working Carers Toolkit.

Achieving financial sustainability

Action is urgently required to address the drivers of both cost and demand in the system. In the initial phases of this strategy a necessary focus on financial recovery will lead our activities. That programme will be specific and well-defined and require close monitoring and tracking of each of the system financial improvement interventions.

The critical first step is to address each of the principal reasons for the financial, efficiency and productivity challenges in the Greater Manchester integrated care system, in order that the Greater Manchester system leadership can collectively own the outputs and agree to the actions necessary to address the challenges.

This will include action to:

Develop and implement a comprehensive system wide programme spanning cost improvement, productivity, demand reduction and service transformation. Specifically, to:

- Confirm and address the most significant demand drivers in across the Greater Manchester integrated care system
- Develop a comprehensive system wide programme spanning cost improvement, productivity, demand reduction and service transformation. Specifically, to:
  - Confirm the assessment of in-year cost improvement opportunities
  - Maximise patient flow and theatre productivity approaches
  - Incentivise Provider Collaboratives to optimise their collective sites and workforce and reduce structural costs
  - Balance incentives and funding to support the management of new demand in primary and social care and reduce demand elsewhere in the system
  - Scale social support and prevention to reduce demand for formal health and social care
- **Identify factors from successful system working to implement the programme**, including the behaviours and incentives for system working.

8. Monitoring Our Progress

We are committed to reporting on how successful we are in achieving the ambitions set out in this Strategy and developed an accompanying Performance Framework to track progress against the commitments and missions set out.

The Performance Framework includes a set of shared outcome indicators – these are higher-level, contextual measures, on which we expect to see change in the medium to longer-term.

We are committed to generating intelligence that gives us a better understanding of inequality across the city-region, in terms of both spatial and demographic variation. We also want to understand how outcomes vary for our diverse communities, including variance by age, sex, ethnicity, disability, sexual orientation and trans status, and religious affiliation. In particular, we want the Framework to give us intelligence on the disproportionately poor outcomes experienced by some of our communities and have included indicators that can give us insight into performance 'gaps' with the wider population and how these gaps are changing over time.

We propose to develop and publish a Joint Forward Plan (JFP) by the end of June 2023 as a delivery plan for the ambitions in our Integrated Care Partnership Strategy.